

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH'57 023227
State File No.

FILED JUL 1 1957

BIRTH NO. _____		REG. DIST. NO. <u>328</u>		PRIMARY REG. DIST. NO. <u>3073</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SCOTT</u>			
b. CITY OR TOWN <u>CHAFFEE</u>		c. LENGTH OF STAY (In this place) <u>1 YEAR</u>		c. CITY OR TOWN <u>CHAFFEE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>330 (REAR) HELEN AVE.</u>				e. STREET ADDRESS (If rural, give location) <u>330 (REAR) HELEN AVE.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EMANUEL</u>		b. (Middle) <u>E.</u>		c. (Last) <u>DOCKINS</u>	
4. DATE OF DEATH		(Month) <u>JUNE</u>		(Day) <u>16</u>		(Year) <u>1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 30, 1868</u>		9. AGE (In years) <u>89</u> If UNDER 1 YEAR Months <u>2</u> Days <u>16</u> If UNDER 1 MRS. Hours <u>1</u> Min. <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GEN. LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COMMON LABOR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MAIDEN, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>EFFIE E. DOCKINS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EFFIE E. DOCKINS</u>		ADDRESS <u>CHAFFEE, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decompensated heart disease, Chronic</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 21, 1956</u> , to <u>June 16, 1957</u> , that I last saw the deceased alive on <u>June 16, 1957</u> , and that death occurred at <u>5:00 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. D. Chaffee, MD</u>		23b. ADDRESS <u>CHAFFEE, Missouri</u>		23c. DATE SIGNED <u>June 17, 1957</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-17-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>CHAFFEE, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>6-18-57</u>		REGISTRAR'S SIGNATURE <u>Mustiel Buehly</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bispinghoff</u>		ADDRESS <u>FUNERAL HOME - CHAFFEE, MO.</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED JUN 24 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 657-132

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Jack I. Lurnett

Licensed Embalmer No. 449

P. O. Address Chaffee, 11

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.